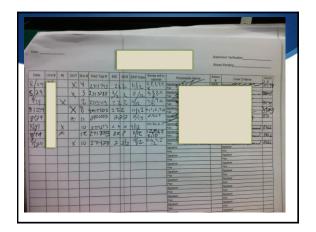


Disclosures • No conflicts or disclosures

Case 1 "We seem to have misplaced something" • Medical Director is contacted by EMS agency manager who reports their narcotic box is missing. • Agency has one ALS unit and the MCA protocols call for the box to be personally handed over from the paramedic going off duty to the paramedic coming on duty • Both paramedics must sign the log indicating the box is intact, with the proper unique tag number

Missing Narcs (con't) The narc box is supposed to be locked in a cabinet in the ambulance Manager reports the cabinet is never locked Narcs were last used one week prior The log shows that it was signed at every shift change by both paramedics However, the practice apparently is to sign the log in the station without actually checking the box



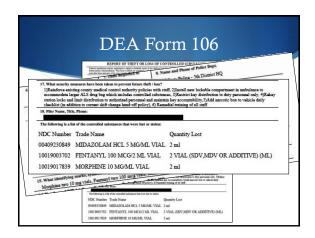


Missing Narcs (con't)

- There are 3 FT paramedics assigned to the unit.
- The station is normally kept unlocked during the day time
- The key pad lock to the station has not been changed for several years and many former volunteer firefighters and EMS staff likely no the combo.

Missing Narcs Case Discussion

- How should the MCA/PSRO investigate this case?
- Should this be reported to anyone else? Who?
- Based on what is known so far, who is at fault for the loss of the narcotic box?
- What remediation considerations should be entertained, if any,



Case 2 Super Sick Interfacility Transfer

- The MCA Medical Director receives a call from an upset intensivist at a regional hospital within the MCA jurisdiction regarding an interfacility transfer of a critical septic shock patient.
- The patient was on a ventilator receiving both norepinephrine and vasopressin infusions. The patient arrested and died minutes after the patient was handed off by the ground EMS crew.
- The transferring hospital and the transporting unit was from another MCA.
 - ♦ The transport time was ~60 minutes.

Super Sick (con't)

- The intensivist has a number of concerns
 - The patient was profoundly hypoxic upon arrival and needed suctioning upon arrival
 - The IV tubing was not compatible with the pump at the receiving hospital
 - The norepinephrine infusion on the referring hospital's pump shut off prematurely as the patient was arriving.
 - There was no documentation left at the receiving
 - He believes the patient was crashing prior to arrival

Super Sick (con't) Paramedic's Credentials

- ♦ The paramedic had completed a Critical Care Paramedic Course 4 months earlier
 - Agency offered CCP Course
 - ♦ Met MDCH hour requirements
 - No clinical (e.g., ICU component)
 - ♦ No field preceptorship
- Paramedic's first Specialized Care Transport
 - First time she's ever dealt with a patient on a ventilator or on an IV pump

Super Sick (con't) The Paramedic's Version

- Patient was suctioned multiple times during transport (documented in PCR)
- BP improved as paramedic titrated norepinephrine as ordered by sending doc
- Sending hospital set a maximum volume limit that was reached as the medic increased infusion rate
- Admits that no documentation was provided and that there was no formal handoff

Super Sick (con't) Case Discussion

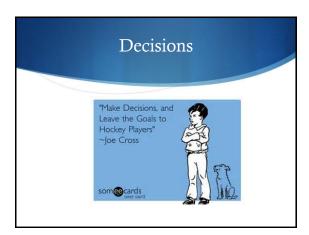
- Which MCA is primarily responsible for reviewing this case?
- How should the case be investigated by the PSRO?
- How does an MCA provide effective medical oversight of critical care paramedics and these very critical interfacility transfer patients?

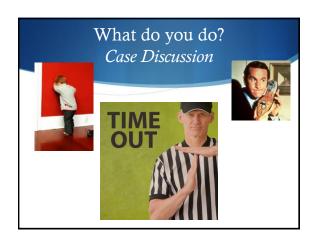
Case 3 "FOLA"

- A letter is received by a member of the MCA for information on personnel on an EMS agency.
- The letter is received at the home address of this member.

FOIA Request

- ♦ Through the FOIA
 - List of all licensed medical providers employed by SLAPSHOT EMS
 - Include level of licensure and any associated license numbers of these employees
- 5 Day response: Written notification if it will take longer.





FOIA Case Discussion Does it matter who gets the letter? Does it matter where it is received? Respond Yes or No What do you say? Who do you notify?



Continued (NOT A LEGAL OPINION)

• (MDCH FOIA coordinator on this issue). She explained that unless an agency (your MCA, in this case) receives greater than 50% of their funding from a government agency, they are not subject to the FOIA requirements. I would believe that your MCA is primarily funded by a hospital and not through a government source. If this is true, according to my understanding, your MCA would not be required to respond to a FOIA request.

